**FACILITY RELOCATION NOTIFICATION FORM**

Submit to DEP district office or local air program office that has permitting authority for the area in which the facility is to be relocated

**(DEP/Local Note: Update existing facility location data in ARMS. Do not create new facility record.)**

**Current Facility Information**

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| Facility ID: Air Permit /Number: |
| Facility Owner or Operator: |
| Facility Name: |
| Current or Most Recent Facility Street Address or Location Description: |
| City/ZIP: County: |
| Shutdown Date at This Location: |

**Relocation Information:**

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| Is the Facility relocating to a site within the State of Florida?  Yes  No  If the Facility is NOT relocating to a site within the State of Florida, the **Proposed New Facility Location** information does not need to be provided.  When relocating out of the State of Florida, the address of the facility’s last location in Florida will remain on file. |

**Proposed New Facility Location**

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| Facility Street Address or Location Description (do not enter a post office box number): |
| City/ZIP: County: |
| Are there any other facilities collocated at this site?  Yes  No  List other air-permitted operations at this location (if any):  Facility Name Air Permit Number  \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ |
| Startup Date at New Location: |
| Facility Comment: |

**Owner/Authorized Representative or Responsible Official**

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| Name and Title of Owner/Authorized Representative or Responsible Official: |
| Organization/Firm: |
| Street Address or P. O. Box: |
| City: State: Zip: |
| Telephone: Fax: Email Address: |

**Facility Contact**

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| Name and Title of Facility Contact: |
| Organization/Firm: |
| Street Address or P. O. Box: |
| City: State: Zip: |
| Telephone: Fax: Email Address: |

**Collocation Acknowledgement**

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| Pursuant to Rule 62-210.310, Florida Administrative Code, relocatable facilities may only collocate with certain General Permit facilities or with Non-General Permit facilities to perform non-routine tasks. For routine tasks, a Non-General Permit facility must have a provision in their air operation permit allowing for a relocatable facility to collocate with them. If you are attempting to relocate to an address that has another permitted facility, please acknowledge that you are eligible to collocate with this facility based on one of the following criteria.  I acknowledge that my facility is able to collocate with this facility to perform a non-routine task.  I acknowledge that my facility is able to collocate with this facility as allowed in their permit or by rule. |

**Certification**

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| Certificationby Owner or individual who is authorized to submit this form on  behalf of the owner. If this is a Title V facility, certification by a Responsible Official is required:  *I hereby certify that the information given in this report is correct to the best of my knowledge.*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Date |

**Supplemental Requirement**

Provide a scale map (e.g., the relevant portion of a USGS topographic map) showing the proposed new location of the facility.